

Compressed Work Week (37.5 hour week)

Sample Procedures

Flex Time and Compressed Work Week Options:

Compressed Work Week: A full-time (37.5 hours/week) schedule is compressed into 4 work days with an identified day off. For example, an employee works three 9.5 days and one 9-hour day (add a 30-minute or one-hour lunch). The days in which the employee works will be identified and agreed upon with their immediate supervisor. No workday shall be longer than 9.5 hours.

The supervisor provides each of their employees the option to participate in the compressed work week. Once the supervisor knows the interest, the supervisor will review the schedules to ensure department coverage during the M-F work week.

Flex Time: An option for those not wanting to or unable to work a compressed work week that gives them some time off during the work day, but still working 37.5 hours / week. For example, an employee wishes to leave early one day. The supervisor approves the employee working from 8:30 to 5:30 on Tuesday, so that the employee can leave at 3:30 on Friday.

Procedure:

A. Employees wishing to request some form of flex time / compressed work week schedule must submit their request in writing to their department supervisor. It should include the type of schedule that they wish to choose and any information that may be relevant for the supervisor to make a decision, such as how position requirements would be met under the requested schedule. (i.e. cross training in department would allow another to cover urgent need)

B. The supervisor will evaluate the request, and if needed, discuss with the next level supervisor, to determine if the request can be accommodated. The supervisor will notify the employee whether the request or a modified version is approved.

C. Supervisors may also initiate a dialogue with staff regarding other possible flexible scheduling arrangements that might benefit the employee and the department.

Further Conditions of the Proposed Compressed Work Week:

- The workdays shall be no more than 9.5 hours a day and not exceeding 37.5 hours for each week.
- The arrangement can be discontinued at any time at the discretion of the supervisor if the arrangement does not meet the operational needs of the department and/or the employee fails to comply with the completed and approved Compressed Work Week Agreement.
- The employee must adhere to the selected alternative work schedule; no changes will be allowed unless approved in advance by the supervisor.
- The employee must maintain the expected quantity and quality of work.
- **The employee must maintain acceptable attendance.**

Sample Compressed Work Week Agreement

Employee Name: _____

Department: _____ **Date:** _____

Work Schedule

We have agreed that this will be your compressed work schedule. You understand that if business needs change, with reasonable notice, you will be expected to adjust your work schedule to meet the needs of the department. We also expect that you will make every effort to arrange your personal appointments either on your days off or after work hours. The work schedule is as follows:

Week of										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Total	37.50		37.50		37.50		37.50		37.5	

Cancellation

Management reserves the right at any time to change the work schedule, including restoring it to a regular full time schedule, if business needs change or if management determines that this work schedule is not successful.

Holidays

During compressed work weeks where paid holidays occur, the alternate work schedule may need to be adjusted so that the 7.5 hours of holiday pay does not reduce or increase the total hours scheduled for the week.

Meetings / Work commitments

All attempts should be made prior to submitting a compressed work week request that recognize scheduled meetings and other work commitments. A request will not be granted if there is a meeting / work event scheduled on your scheduled weekday day off without making prior alternative arrangements.

Employee Signature: _____ **Date:** _____

Manager Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Sample Completed Compressed Work Week Agreement

Employee Name: John Doe

Department: Administration

Date: 5/30/08

Work Schedule

We have agreed that this will be your compressed work schedule. You understand that if business needs change, with reasonable notice, you will be expected to adjust your work schedule to meet the needs of the department. We also expect that you will make every effort to arrange your personal appointments either on your days off or after work hours. The work schedule is as follows:

Week of	6/30 thru 7/4		7/7 thru 6/11		7/14 thru 6/18		7/21 thru 7/25		7/28 thru 8/1	
Monday	7:30 am-4:00 pm	7.5	7:30 am -5:30 pm	9.5	7:30 am-5:30 pm	9.5	7:30 am-5:30 pm	9.5	7:30 am-5:30 pm	9.5
Tuesday	7:30 am-4:00 pm	7.5	7:30 am-5:30 pm	9.5	7:30 am-5:30 pm	9.5	7:30 am-5:30 pm	9.5	7:30 am-5:30 pm	9.5
Wednesday	7:30 am-4:00 pm	7.5	7: 30 am-5:30 pm	9.5	OFF		7:30 am-5:30 pm	9.5	OFF	
Thursday	7:30 am-4:00 pm	7.5	7: 30 am-5:00 pm	9.0	7:30 am-5:30 pm	9.5	7:30 am-5:00 pm	9.0	7:30 am-5:30 pm	9.5
Friday	OFF - Holiday		OFF		7:30 am-5:00 pm	9.0	OFF		7:30 am -5:00 pm	9.0
Total	37.50		37.50		37.50		37.50		37.50	

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Employee
Signature:

Date:

Manager
Signature:

Date:

Director
Signature:

Date: